

A vital presence

By Patsy Garlan

My father lay dying in a hospital bed, succumbing at last to his multitude of ills. He had survived mustard gas during the Great War. The long sea voyage from Scotland. The Depression. Now he dozed quietly as my mother read nearby, the intrusive cacophony of the hospital muted for the night to a subliminal purr.

Or so I imagined it when I called. “Hello, daughter.” My father’s burred Scottish voice came with incredible intimacy across the miles, though it was breathless from the emphysema that (with a dozen other ailments) had finally caught up with him. We chatted briefly, but his fatigue was patent, so I forced a cheery goodbye.

My father died later that night. Shortly after my call, his doctor, checking on his patients one last time for the day, found my father responsive and apparently lucid. But he had entered that realm where free-ranging thoughts rearrange themselves. The thrum of the hospital had become part of a numinous vision, as he confided to my mother his appreciation of the busy captain’s courtesy to the passengers on this ship that was bearing him back to Scotland.

Bed: When it was my mother’s turn to die, 11 years later, she did so at home, in her own bed. The process lasted about a month. But our fond recollection of the medical profession’s role in my father’s death—supportive and attentive—belied the climate a decade later.

Both my mother’s hips had given way by then, as well as every bone in her spine. When her second hip snapped, the surgeon who pinned it remarked cheerfully to us, “Your mother doesn’t have osteoporosis—her bones are very strong. I should know, I’ve just drilled through them!” The surge of hope this pronouncement engendered, against all reason, was quickly dispelled by the continued deterioration of her spine. Yet in the hospital she was required to sit for long periods, by nurses under various doctors’ orders, none of whom seemed to understand that sitting caused her excruciating pain.

I don’t know when she made her decision because she never discussed “it.” But on learning that her doctor—of whom she was very fond, to whom she’d entrusted my father’s care—would be on vacation for a month, her cryptic remark was “Ah, he’ll miss it, then.”

Upon returning home, she lay in bed, taking little sustenance and growing more skeletal by the day. Yet her broad smile and her mind were undimmed. She’d often said that had she been a man, she’d have been a doctor. She had recently, at age 80, been studying Russian. She beat her grandchildren at Trivial Pursuit with facts like who played shortstop for the Red Sox in 1954. Now, helplessly, we watched her die.

A visiting doctor, one we didn’t know, asked if she’d like to be in



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the hospital. For what purpose, she wanted to know. So she could be fed intravenously, he said. She politely declined. As I saw the doctor out to his car, I asked when my mother’s doctor would be back from vacation. “Oh, he came back a week ago,” was the jaunty reply. But . . . but, why had he not come to see her? It would have meant so much to her. Surely he knew. Was it possible he didn’t care? Or did he care too much? Either way, it seemed a profound betrayal.

Walking back up the path, I thought about my mother who had wanted to be a doctor. About my daughter who was a doctor. My daughter became a doctor because, even in her teens, she had seen that life is not complete without death, that doctors—as dedicated as they are to preserving life—are also a vital presence at the time of death. I reentered the house to watch my mother die.

Years: Now, as my years approach those of my mother at the time of her death, as my daughter’s youthful idealism has ripened to the wisdom of a seasoned doctor, I struggle still with the loss—not just the personal one, but the loss to medicine and to the world at large of the grace, the nobility, that stamped my parents’ generation.

And yet, the outrage I felt at the perceived betrayal by my mother’s beloved doctor presses for reconsideration. In particular, I feel nagging guilt about ignoring one small incident during my mother’s last hospital stay. It was an incident so tender, so intimate, that I feel an intruder even now in recounting it. Yet my mother’s smile was fringed with delight when she told me of it shortly before her death.

One evening her doctor had entered the dimly lit hospital room, much as he had on the evening of my father’s death, making one last visit before he left on vacation. It was a warm night, and the covers had slipped from her slender legs. Noticing that her toenails had grown long, he proceeded—with great care, but with the casualness afforded an everyday event—to trim them himself. That compassionate gesture, I now realize, changes everything.

Choices: Doctors today, I have learned from my daughter, come all starry-eyed (most of them) into the profession. But as the reality of medical practice strikes home—the demands, the distractions—they become overwhelmed. Choices must be made. The impulse to visit a dying patient one more time must be suppressed. Doctors know such a visit means much to the patient and the family. But there are so many critical moments. Is the impact of one more phone call, one more visit, worth the personal cost?

Some doctors easily write off the dying patient. To them there is not much to say. But to those who, like my daughter, wish to make their grandmothers proud, I have this to say: You are not to blame—you are a mirror of our time. And this: The good you can do outweighs the good you can’t—and, in our imperfect world, this is much. ■

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